## Central Curry School District 1 29516 Ellensburg Ave. Gold Beach, OR 97444

**District Office Phone:** (541) 247-2003 Fax: (541) 247-9717

## EXPENSE REIMBURSEMENT REQUEST

Person making reque	st:		Travel Date(s):	_
Nature of Business:_				
Destination:			Travel Method:	
FOOD	# of Breakfasts:	X	\$10.00 max. =	
	# of Lunches:	X	\$15.00 max. =	
	# of Dinners:	X	\$20.00 max. =	
MILEAGE	# of Miles:	X	\$0.70 =	
LODGING				
LODGING				
	# of Nights:	X \$	\$ =	
MISCELLANEOUS				
TOTAL			\$	
Signature of person making request		Date		
			_	
Superintendent/Principal/Supervisor		Date		
*******Receipts must be provided for all expense reimbursement items******				